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Declaration and Power of Attorney For Patent Application English Language Declaration

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As a below named	inventor. I hereby decid	are that:	
My residence, pos	t office address and citiz	zenship are as stated below next to my r	name,
first and joint inven and for which a pai STENT GRAFT DE the specification of	tor (if plural names are letent is sought on the invertible FOR TREATING which is attached heret	ventor (if only one name is listed below) is listed below) of the subject matter which rention entitled ABDOMINAL AORTIC ANEURYSMS and unless the following box is checked:	
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-		derstand the contents of the above iden mendment referred to above.	tified specification,
l acknowledge the 1.56.	duty to disclose informa	tion which is material to patentability as	defined in 37 CFR §
application(s) for padesignated at leas below by checking	atent or inventor's certifit tone country other that g the box, any foreign ation having a filing date	under 35 U.S.C. §119(a)-(d) or § 36 icate, or § 365(a) of any PCT Internation the United States, listed below and application for patent or inventor's before that of the application on which	nal application which have also identified certificate, or PCT
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Number)	(Country)	(Day/Month/Year Filed)	
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hereby claim the	benefit under 35 U.S.(C. § 119(e) of any United States prov	isional application(s)
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